

500 Series Reason Codes

Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
501	Non-Cooperation With GA Treatment, 1st Offense You have failed without good cause to follow through with the medical treatment required by your social services assessment. This is your first non-cooperation within six months. You will remain ineligible until you reapply, agree to cooperate and a one-week period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00.
502	Non-Cooperation With GA Treatment, 2nd Offense You have failed without good cause to follow through with the medical treatment required by your social services assessment. This is your second non-cooperation within six months. You will remain ineligible until you reapply, agree to cooperate and a one-month period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00.

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
503	Non-Cooperation With GA Treatment, 3rd Offense You have failed without good cause to follow through with the medical treatment required by your social service assessment. This is your third non-cooperation within one year. You will remain ineligible until you reapply, agree to cooperate and a two-month period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00.
504	Non-Cooperation With GA Referral, 1st Offense You have failed without good cause to follow through with the referral required by your social services assessment. This is your first non-cooperation within six months. You will remain ineligible until you reapply, agree to cooperate and a one-week period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00.

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
505	Non-Cooperation With GA Referral, 2nd Offense You have failed without good cause to follow through with the referral required by your social services assessment. This is your second offense within six months. You will remain ineligible until you reapply, agree to cooperate and a one-month period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until your reapply after 00/00/00.
506	Non-Cooperation With GA Referral, 3rd Offense You have failed without good cause to follow through with the referral required by your social services assessment. This is your third offense within one year. You will remain ineligible until you reapply, agree to cooperate and a two-month period of ineligibility has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00.
507	Child Support More Than Grant Your regular monthly child support payment is more than the grant payment. See WAC rule (Washington Administrative Code):	388-422-0030	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
509	<p>Under Prior Penalty – GA Other Agency Referral, 1st Offense</p> <p>You are not eligible for assistance as you are under penalty for a previous failure without good cause to cooperate with a required referral. This is your first non-cooperation within 6 months. You will remain ineligible until you reapply, agree to cooperate, and a one-week period has passed. See WAC rule (Washington Administrative Code):</p>	<p>388-448-0130 388-448-0140 388-448-0150</p>	<p>You have a penalty because _____(specify referral).</p>
510	<p>Under Prior Penalty – GA Other Agency Referral, 2nd Offense</p> <p>You are not eligible for assistance as you are under penalty for a previous failure without good cause to cooperate with a required referral. This is your second non-cooperation within 6 months. You will remain ineligible until you reapply, agree to cooperate, and a one-month period has passed. See WAC rule (Washington Administrative Code):</p>	<p>388-448-0130 388-448-0140 388-448-0150</p>	<p>You have a penalty because _____(specify referral). You cannot get benefits until after 00/00/00.</p>

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
511	Under Prior Penalty – GA Other Agency Referral, 3rd Offense You are not eligible for assistance as you are under penalty for a previous failure without good cause to cooperate with a required referral. This is your third non-cooperation within one year. You will remain ineligible until you reapply, agree to cooperate, and a two-month period has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	You have a penalty because _____(specify referral). You cannot get benefits until after 00/00/00.
512	Under Prior Penalty – GA Treatment, 1st Offense You are not eligible for assistance as you are under penalty for a previous failure without good cause to accept or pursue required treatment. This is your first non-cooperation within 6 months. You will remain ineligible until you reapply, agree to cooperate, and a one-week period has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	You have a penalty because _____(specify treatment requirement that was not met).. You cannot get benefits until after 00/00/00.

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
513	Under Prior Penalty – GA Treatment, 2nd Offense You are not eligible for assistance as you are under penalty for a previous failure without good cause to accept or pursue required treatment. This is your second non-cooperation within 6 months. You will remain ineligible until you reapply, agree to cooperate, and a one-month period has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	You have a penalty because _____(specify treatment requirement that was not met).. You cannot get benefits until after 00/00/00.
514	Under Prior Penalty – GA Treatment, 3rd Offense You are not eligible for assistance as you are under penalty for a previous failure without good cause to accept or pursue required treatment. This is your third non-cooperation within one year. You will remain ineligible until you reapply, agree to cooperate, and a two-month period has passed. See WAC rule (Washington Administrative Code):	388-448-0130 388-448-0140 388-448-0150	You have a penalty because _____(specify treatment requirement that was not met). You cannot get benefits until after 00/00/00.

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
517	Termination – No Current Medical Information	388-448-0030 388-448-0040 388-448-0160	<p>. This reason code generates letter 0006-05. On that letter, you must enter the following information:</p> <p>On 00/00/00, I asked you to provide some information by 00/00/00. I still need:</p> <p>List of items</p>

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518	GA Termination – Medical Evidence Inconclusive	388-448-0030 388-448-0040 388-448-0160	This reason code generates letter 0006-06. On that letter, you must enter the following information: On 00/00/00, I asked you to provide some information by 00/00/00. I still need: List of items
519	GA Termination – Medical Information Shows Clear Improvement / Decreased Severity	388-448-0030 388-448-0040 388-448-0160	This reason code generates letter 0006-04. On that letter, you must enter the following information: On 00/00/00, I got a report form from Dr. (Name of doctor) that said your (specify condition) has improved so much that you can work now.
520	Change In Federal Law There has been a change in the Federal law that regulates this program.	None	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
521	GA Termination – Medical Information Shows Clear Improvement – Medication / Therapy / Rehabilitation	388-448-0030 388-448-0040 388-448-0160	This reason code generates letter 0006-04. On that letter, you must enter the following information: On 00/00/00, I got a report form from Dr. (Name of doctor) that said your (specify condition) has improved so much that you can work now.
522	GA Termination – Currently Employed	388-448-0010 388-448-0170	You work # hours per week for (employer) as a (position).

Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
523	GA Termination – Error In Previous Determination Of Incapacity	388-448-0170	<p>This reason code generates letter 0006-07. On that letter, you must enter the following information:</p> <p>We made a mistake when we put you on GAU on (date). You did not meet our requirements because _____ (enter case specific information regarding the medical information received and why it doesn't meet severity and/or duration requirements – e.g. "The information we got from Dr. Sun showed your back injury was not severe enough to keep you from doing light work that you have done in the past.").</p>
525	No Eligibility Review Form We haven't received your eligibility review form. See WAC rule (Washington Administrative Code):	388-434-0005 388-434-0010	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
528	Eligibility Review Form Incomplete The eligibility review form that you sent to us was not complete. We need for you to complete the form before we can continue your benefits. See WAC rule (Washington Administrative Code):	388-434-0005 388-434-0010	You must return the completed form to us by 00/00/00 in order for your benefits to continue.
534	Family Medical To 12-Month Medical Extension Your cash benefits will stop because of earnings. Medical benefits for your family will continue unchanged. See WAC rule (Washington Administrative Code):	388-478-0065 388-478-0020 388-523-0100	(name) works at _____ and now makes \$_____.
540	CEAP Financial Worker Closure	None	None Required
543	DETOX Financial Worker Closure	None	None Required
550	Voluntary Withdrawal You withdrew your request for assistance. See WAC rule (Washington Administrative Code):	388-406-0050	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
551	Whereabouts Unknown We don't know where you are. See WAC rule (Washington Administrative Code):	388-458-0030	None Required
552	Failed To Provide Verification You did not give us the information we needed. See WAC rule (Washington Administrative Code):	388-472-0005 388-490-0005 388-458-0020	On 00/00/00, I asked you to provide some information by 00/00/00. I still need: <i>List of items</i>
555	Application Opened In Error - For Administrative Use Only	None	None Required
556	Non-Cooperation With Quality Control – Food Assistance You did not cooperate with the Food Stamp Quality Control reviewer. See WAC rule (Washington Administrative Code):	388-464-0001	You cannot get benefits for # months because _____. You can regain your eligibility by _____. If you have any questions about this, call the Quality Assurance worker at 000-000-0000.
557	AU Requests Closure You asked us to stop your assistance.	None	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
558	Failed To Cooperate In Securing Other Income And Resources You have income or resources that you could use but you haven't made a reasonable effort to get them. If there is a good reason why you have not done this, please tell us. See WAC rule (Washington Administrative Code):	388-450-0005 388-470-0005 388-470-0015	You told us that you have (type of income/resource). To become eligible, you must try to make it available by _____(specify what they must do to make income or resource available).
559	Client Already Received Assistance In Another AU For This Benefit Month Although you can belong to more than one assistance unit, you can only get benefits from one at a time. See WAC rule (Washington Administrative Code):	388-400-0005 388-400-0010 388-400-0025 388-400-0030 388-400-0040 388-400-0045	You are already getting cash assistance. <i>Or</i> You are already getting food assistance. <i>Or</i> You are already getting medical assistance.
561	AU Screened In Error	None	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
564	Non-Cooperation With TPL Process You did not cooperate in obtaining another source of coverage for your medical care. See WAC rule (Washington Administrative Code):	388-505-0540	You told us that you could get help with medical from (specify TPL source).
566	Refused to Cooperate With Application Process You refused to cooperate in the application process. Based on the information we have, we are unable to determine your eligibility. See WAC rule (Washington Administrative Code):	388-406-0025 388-406-0035 388-406-0050 388-406-0060 388-452-0005	You did not: _____. If you need help, let me know and I will try to assist you.
567	Drug / Alcohol Center Loses Certification You cannot receive food assistance. The drug or alcohol center where you live is not a certified public or private nonprofit organization. See WAC rule (Washington Administrative Code):	388-408-0040	None Required
569	Child Accepted To Foster Care Our rules say that a child who is in foster care for 90 days or more must be taken off cash assistance. See WAC rule (Washington Administrative Code):	388-408-0015 388-454-0015	None Required

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Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
572	User Voided Application - For Administrative Use Only	None	None Required
573	Application Opened In Error - For Administrative Use Only	None	None Required
575	Not Receiving Cash Assistance - For Administrative Use Only	None	None Required
576	Client Already Received Annual 3 Month M99 Maximum You have already received the annual maximum 3 month certification under the Medically Indigent program. See WAC rule (Washington Administrative Code):	388-438-0100	You received Medically Indigent benefits for 00/00 through 00/00.
577	Missed Application Deadline - For Administrative Use Only	None	None Required
585	DCA Adult Eligible For TANF, Established Loan Repayment	None	None Required
586	DCA Ineligible	None	Specify which DCA requirement was not met.

ELIGIBILITY A-Z**Letters**

Code	Reason Code Title / Text	WAC References	Free Form Text Requirement
587	Already Eligible For Program In Different AU - For Administrative Use Only	None	None Required
588	Ineligible ESLMB Already Receiving MA You are not eligible for the ESLMB program because you are receiving Medicaid benefits. See WAC rule (Washington Administrative Code):	388-517-0300	None Required
599	Other - For User Generation Only	None	None Required